



**Board of Health**

*Town of Walpole*  
*Commonwealth of Massachusetts*

**Town Hall**  
**135 School Street**  
**Walpole, Ma. 02081**  
**Phone (508) 660-7321**  
**Fax (508) 660-7303**

**Application For Percolation Test**

DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

Location of Test \_\_\_\_\_

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Engineer \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

1. Plan of lot must accompany application.
2. Application to be filed with Board of Health.

Date received by  
Board of Health

Job No.

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